

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	413	2-23-93
TYPIST	323/2-27 519	2-25
VERIFIER	277	2-27
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
1	(1)	✓	9/22/94
2	4	✓	11/3/5/03
3	5		
4	6		
5	7		
6	8		
7	9		
8	12	✓	
9	13		
10	14		
11	(16)		
12	17	✓	
13	19	✓	
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SYMBOLS  
✓ ..... Rejected  
- ..... Allowed  
(Through numeral) Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
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